PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application of Docket Number 1075 6479												noer.	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER	
T	OTAL CLAIMS	3	25					RATE FEE		FEE	1	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		85.00	OR	Basic Fee	770.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		•			. X\$ 9=			OR	X\$18=	90.4
DAI	DEPENDENT C	LAIMS	3 minus 3 =					X43=			OR	X86=	
MI	JUTTPLE DEPE	NDENT CLAIM P	RESENT	ESENT		+145		+145≐			OR	+290=	
* If the difference in column 1 is less than zero, enter *0* in column 2						•	TOTAL			OR		860.co	
CLAIMS AS AMENDED - PART II								SMALL ENTITY O				OTHER	THAN
AMENDMENTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Coluit HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	A TI	DDI- ONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	- 21		- /	ı	X\$ 9=		,	OR	X\$18=	
	Independent	. 2	Minus	# 3	3	• /	ı	X43=	1	/	OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	/	OR	+290=	
								TOTA		0-		TOTAL	-0-
(Column 1) (Column 2) (Column 3)									€		. ·	ADOIT, FEE I	
AMENDMENT B	07/11/00	CLABAS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	EST ER USLY	PRESENT EXTRA		RATE	TIC	DDI- ONAL EE		RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	. 3	5	= _		X\$ 9=			OR	. X\$18=)
	Independent	. 3	Minus		3		I	X43=	1	T	OR	X86≈	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=	1.
											OR	TOTAL ADDIT. FEE	
	·	(Column 1)		(Colum		(Column 3)				•			
E CE		CLAIMS REMAINING APTER AMENDMENT	•	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ΠC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** (B		X\$ 9=	Т		OR	X\$18=	
	Independent	•	Minus	***		•		X43=	1	-	Ī.	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM			· · · · ·	+-		OR		
• 11	the entry in coher	nn 1 is less than the	a entry in ever	nn 2 write '	TT in col	uma 3	L	+145=	_		OR	+290=	
"If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE													
		ber Previously Paid					four	nd in the a	bbrobi	iate box	in cot	mn 1.	